

**Additional Household Member**

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

<b><u>Relationship to Head of Household</u></b>	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle	
<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner		
<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister		
<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son		

<b><u>SS#</u></b>	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b><u>Date of Birth</u></b>	____ / ____ / ____ MM   DD   YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b><u>Gender</u></b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<b><u>Marital Status</u></b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b><u>Race</u></b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<b><u>Ethnicity</u></b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
<b><u>Primary Language</u></b>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	<b><u>Secondary Language</u></b>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
<b><u>Tribes</u></b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	<b><u>Education Level</u></b>	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
<b><u>Charact. (check all that apply)</u></b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

**(Agency Name)**

# DBA FACS Pro Client Intake Form

## Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>	
		Alimony
	Black Lung	\$ _____ .00
	Child Support	\$ _____ .00
	Educational Assistance	\$ _____ .00
	Employment Earnings	\$ _____ .00
	Estates/Trusts	\$ _____ .00
	Interest/Dividends	\$ _____ .00
	Miscellaneous	\$ _____ .00
	Outside Assistance	\$ _____ .00
	<hr/>	\$ _____ .00
	Non-Cash Benefit	
	<hr/>	\$ _____ .00
	Non-Cash Benefit	
	Pension/Retirement	\$ _____ .00
	Public Assistance	\$ _____ .00
	Rental Income	\$ _____ .00
	Royalties	\$ _____ .00
	Social Security	\$ _____ .00
	SSI	\$ _____ .00
	State Assistance (IS Gen. Assistance)	\$ _____ .00
	TANF	\$ _____ .00
	Unemployment	\$ _____ .00
	Veteran's Benefits	\$ _____ .00
	Worker's Compensation	\$ _____ .00
	<b>Total Monthly Income</b>	\$ _____ .00

## Employment

<b>Employment Status</b>	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: <hr/>
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: <u>      </u> / <u>      </u> / <u>      </u> <div style="text-align: center;">MM      DD      YYYY</div> Current Employer Name: <hr/> Employed Since: <u>      </u> / <u>      </u> / <u>      </u> <div style="text-align: center;">MM      DD      YYYY</div>